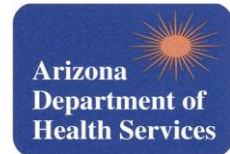


**Interoperability:  
Provider EHR and ASIIS Electronic Data Exchange  
Initial Interest Form**



Please complete pages 1 and 2 of this form (to the best of your ability) to indicate your interest in participation with the ADHS interoperability project. Fax as directed below.

**A. Provider Organization**

Organization Name:				
ASIIS IRMS Id:				
Street Address:				
City:				
State:				
Zip code:				
Phone/Fax:	Phone (      )		Fax (      )	
Number of Providers	# of MDs:	# of DOs:	# of NPs:	# of PAs:
Patient Descriptors	# of Children:	# of Adults:	% of Patients on AHCCCS:	

**B. Electronic Health Record System (EHR)**

EHR Name:	
EHR Vendor:	
Software version:	
Years in use:	

**C. Data Exchange**

**What version of HL7 can your EHR system produce (ask your vendor)?**

\_\_\_\_\_ HL7 2.3.1

\_\_\_\_\_ HL7 2.5.1

**Preferred Transport Mechanism (ask your vendor)**

\_\_\_\_\_ Web Service

\_\_\_\_\_ HTTPS POST

\_\_\_\_\_ Other, please specify \_\_\_\_\_



## D. Office Contact

### Primary Office Contact

Name:	
Email:	
Phone number:	(       )

### Primary Technical Contact

Name:	
Email:	
Phone number:	(       )

### Secondary Technical Contact

Name:	
Email:	
Phone number:	(       )

### Other Contacts

Possible Project Team Roles	Personnel Name	Telephone Number	Email
IT Support			
Primary Decision Maker			
Project Manager			
Business Operations			

## **Interoperability:**

### **Provider Electronic Health Record system and ASIIS Electronic Data Exchange**

#### **Provider Readiness Checklist:**

Complete this check list to see if your practice is ready to start working with ADHS on direct submission from your Electronic Health Record to ASIIS.

- 1) We have been using our current Electronic Health Record (EHR) system for at least 6 months.
- 2) We have a high speed internet connection and are able to connect to ASIIS via our EHR.
- 3) Our EHR has been certified by the Certification Commission for Healthcare Information Technology (CCHIT). If you don't know, please ask your EHR vendor.
- 4) Our EHR sends and receives electronic data using HL7 messages version 2.5.1. If you don't know, please ask your EHR vendor.
- 5) Our EHR vendor has a history of supporting our office when we need technical assistance with their product.
- 6) We have access to Information Technology (IT) support when we need it. This support has the capacity to understand, translate and correct HL7 message protocol errors. If you don't know, ask your IT support provider or EHR vendor.
- 7) We want to reduce our staff time required to report to ASIIS.
- 8) We want complete, accurate immunization records on all of our patients.
- 9) We want to reduce vaccine wastage by eliminating unnecessary vaccinations.
- 10) Our practice is committed to quality data exchange with ASIIS and will provide the staff time and effort necessary to develop, test and implement an interface with ASIIS.

Once this form is completed, please fax or email it to the ASIIS program, ATTN: Robert Bailey

Fax: 602-364-3285

Email: [interface-asiis@azdhs.gov](mailto:interface-asiis@azdhs.gov)